

**Department of Workforce Development**

**WIOA Out-of-State Travel Approval Request**

Please fill out this form in full and email it to the Local Program Liaison.

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| **Request Date**  Click or tap here to enter text. |
| **Requested By (Name, Title, Organization)**  Click or tap here to enter text. |
| **Staff Traveling**  Click or tap here to enter text. |
| **Purpose of Travel (attach supporting documents such as an agenda)**  Click or tap here to enter text. |
| **Travel Date(s)**  Click or tap here to enter text. |
| **Travel Location**  Click or tap here to enter text. |
| **Itemized Cost of Travel**  Click or tap here to enter text. |
| **Funding Sources to Be Charged with Percent of Cost**  Click or tap here to enter text. |
| **How Does Travel Meet the Reasonable and Necessary Standards of 2 CFR** [**§ 200.474**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1c72e6fc85f6f9914e2549b4ac05b829&mc=true&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) **and** [**§ 200.403**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1c72e6fc85f6f9914e2549b4ac05b829&mc=true&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1403)**?**  Click or tap here to enter text. |

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| **DWD-DET Office Use Only:**  Approved  Denied; Provide rationale for denial:  Local Program Liaison Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at 888-258-9966 and press 6 to request information in an alternate format, including translated to another language.